

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF HEALTH PROFESSIONS

121 South Fruit Street  
Concord, N.H. 03301-2412

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LOUISE LAVERTU  
Executive Director

SARAH BLODGETT  
Division Director



**BOARD OF NURSING COMPLAINT FORM**

Pursuant to Nur 206.02, please provide the following information:

**I. Person/Agency Registering Complaint:**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email address: \_\_\_\_\_

**II. Complaint Registered Against:**

License No. \_\_\_\_\_ (if known) RN [ ] LPN [ ] APRN [ ] GN [ ] GPN [ ] LNA [ ]

Name: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

DOB: \_\_\_\_\_ (if known)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**III. Location of alleged violation:**

(Location) (Date) (Time)

**IV. Witnesses/Observers:**

(If known, supply names and home addresses/phone numbers to the Board)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. Summary of alleged violation: (Include copy of any investigation completed) \_\_\_\_\_**

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_____
_____

**Summary of alleged violation (cont):**

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**VI. Violation of:**

**RSA 326-B:37 II:** (See Nurse Practice Act) <http://www.nh.gov/nursing/lawsrules.doc>

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**Nur 402.04:** (See Administrative Rules)

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Additional comments: (please use additional paper if necessary)

I have read the preceding and affirm it is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Please check other agencies reported to: ( as appropriate)

\_\_\_\_ BEAS (Bureau Elderly & Adult Services)      \_\_\_\_ Ombudsman      \_\_\_\_ Law Enforcement

Date reported to other agency: \_\_\_\_\_